

RURAL DISTRICT OF MERE AND TISBURY

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Annual Report
of The Medical Officer of Health
INCORPORATING
The Report of The Chief Sanitary Inspector
FOR THE YEAR 1954



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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
INCORPORATING THE REPORT OF THE SANITARY INSPECTOR FOR THE
YEAR 1954

To the Chairman and Councillors of the Rural District of Mere and Tisbury,

Gentlemen,

I have the honour to present the annual report on the public health of the District during the year. It will be appreciated, however, that I did not take up appointment until November and that the appointment was vacant during the previous part of the year, since the death of Dr. Napier in September, 1953.

The report of the Sanitary Inspector, Major T. A. Brown, is incorporated, and provides detailed information in regard to the sanitary circumstances of the District.

I wish to record my appreciation of the assistance and co-operation of the staff of the Public Health Department, and of my colleagues in other Departments of the Council.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN,

Medical Officer of Health.

INTRODUCTIVE SUMMARY

Attention is drawn to the following sections of the Report

1. In the Vital Statistics Section

The low "adjusted" general death rate, of 8.3 per 1,000.

The "nil" maternal mortality rate.

The low infant mortality rate, of 22.6 per 1,000 live births.

The "nil" tuberculosis mortality rate.

2. In the "Communicable Disease" Section

The District was generally fortunate in having a general low incidence of notifiable communicable diseases, and in a low tuberculosis notification rate of 0.35 per 1,000.

Preventive "immunisation" of children against diphtheria and against smallpox, still falls short of the desirable extent.

3. In the Environmental Public Health and Food Section

Comments on the water supplies, and on the progress of the Regional Water Scheme, are made, also notes about deficiencies in sewage disposal arrangements in Mere, Tisbury and East Knoyle and lack of suitable drainage or sewage disposal in other parts.

Attention is drawn to needed improvements in refuse collection and disposal, and the need to pay special attention to the supervision of hygienic practice of food handling and processing. This applies to catering establishments as regards inspection, but during housing inspections inadequate arrangements to facilitate hygienic food handling are often found.

In Housing, in spite of the substantial amount of work done by the Council in finding Council Houses, there is still a real need for more housing accommodation, for people at present without their own accommodation, or to replace those who are now living in worn out or insanitary buildings in the "condemned" class.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health : (Since November, 1954) F. JOHN G. LISHMAN, M.D. (Hygiene), B.S. (London), D.P.H. (London), L.R.C.P., M.R.C.S., D.L.O. (England), L.M.C. (Canada).

Sanitary Inspector : Major T. A. BROWN, A.R.S.I.

Clerk : Miss M. A. RYAN

The Medical Officer of Health also holds appointments as Medical Officer of Health for the Salisbury and Wilton Rural District, and for the Borough of Wilton, and, under new arrangements made during 1954, acts as Assistant County Medical Officer for the Wiltshire County Council. (Approximately two elevenths of the Salary for the Joint appointment is allocated to the Mere and Tisbury Rural District Council.)

The Sanitary Inspector also holds the appointment of Surveyor, 84% of time being allocated to Sanitary Inspector's duties.

GENERAL STATISTICS

Number of Parishes	..	..	..	..	..	..	..	26
Area, in Acres	..	..	..	..	..	..	..	71,319
Population, 1951 Census	..	..	..	..	..	..	..	11,450
Population—Registrar General's estimate for mid 1954	..	..	..	..	..	..	..	11,240
Density of Population—people per acre	..	..	..	..	..	..	..	0.16
Number of habitated houses or flats	..	..	..	..	..	..	..	3,409
Rateable Value	..	..	..	..	..	..	..	£52,605
Product of a penny rate	..	..	..	..	..	..	..	£204

VITAL STATISTICS

TABLE I—BIRTHS AND BIRTH RATE

	<i>Male</i>	<i>Female</i>	<i>Total</i>
LIVE BIRTHS—Legitimate	82	88	170
Illegitimate	9	4	13
	—	—	—
Total	91	92	183
	==	==	==
STILL BIRTHS—Legitimate	3	2	5
Illegitimate	1	2	3
	—	—	—
Total	4	4	8
	==	==	==

Comparability Factor for Births—1.15.

(This compensates for age and sex distribution of the local population so that the adjusted birth rate can be compared with the rate for England and Wales, and with similarly adjusted birth rates in other areas.)

Live Birth Rate—Crude (Births per 1,000 population)	..	..	..	..	16.3
Live Birth Rate as adjusted by Comparability Factor	..	..	..	..	18.75
Live Birth Rate for England and Wales, previous year; for comparison (1953)	..	..	..	..	15.3
Live Birth Rate for Wiltshire, previous year; for comparison (1953)	..	..	..	..	16.4

COMMENTS

The Registrar General's Estimate of mid year population of the Rural District shows a slight fall, and so does the birth rate, the "adjusted" rate for 1953 being 19.3 per 1,000.

TABLE II—DEATHS AND DEATH RATES

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Number of Deaths	58	59	117
Crude Death Rate per 1,000 population			10.4
Comparability Factor for Deaths			0.80
<i>Comment.</i> (This Factor, being substantially less than unity indicates that the age distribution of the local population is more elderly than that of the country as a whole.)			
Death Rate as adjusted by Comparability Factor			8.3
Death Rate for England and Wales for comparison (previous year) ..			11.4
<i>Comment.</i> The actual death rate for the Rural District is favourable, and the adjusted death rate, to make allowances for the more elderly population, even more favourable, as compared with the Country as a whole, bearing in mind that the local rate is compared with the national rate for the previous year, the figures for the same year not yet being published at the time of writing this report.			

NATURAL INCREASE

Increase of Live Births over Deaths for the year	66
Rate of Natural Increase, per 1,000 of Population	5.9

TABLE III—INFANT MORTALITY

(A) INFANT DEATHS—Under 1 Year old :

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	1	2	3
Illegitimate	1	0	1
	<hr/>	<hr/>	<hr/>
Total	2	2	4
	<hr/>	<hr/>	<hr/>
Under 4 weeks old :	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	1	1	2
Illegitimate	1	0	1
	<hr/>	<hr/>	<hr/>
	2	1	3
	<hr/>	<hr/>	<hr/>

(B) INFANT MORTALITY RATES (per 1,000 live births)

General Infant Mortality Rate (under 1 year old) ..	22.6
Neonatal Infant Mortality Rate (under 4 weeks old) ..	16.4
(General Infant Mortality Rate, England and Wales, for comparison)	25.5

PREVIOUS YEAR, FOR COMPARISON :

General Infant Mortality Rates—Mere and Tisbury Rural District ..	30.6
General Infant Mortality Rates, England and Wales	27.0
General Infant Mortality Rates, Wiltshire	24.1

Comments on Table III.

The relatively low infant mortality rate for the Rural District is satisfactory, but the relatively small number of infant deaths and births make the calculated “rates” subject to a big chance factor. The addition of each single death making a difference in the “rate” equivalent to 6, per 1,000 births.

TABLE IV—Certain “ Specific ” Death Rates of Inverse “ Health Index ” Value (Rates per 1,000 population, except for maternal rate)

(1)	Deaths due to Tuberculosis (all forms) (both sexes)	0
	Tuberculosis Death Rate	0
	Previous year's Tuberculosis Death Rate, England and Wales, for comparison	0.22
(2)	Maternal Deaths (Due to Pregnancy, Childbirth or Abortion)	0
	Maternal Mortality Rate—per 1,000 live and still births	0
	Previous year's Mortality Rate—England and Wales for comparison	0.75
(3)	Deaths from Cancer and related malignant diseases	23
	Specific death rate from Cancer	2.1
(4)	Deaths from Heart Disease and other diseases of the circulatory system	61
	Specific death rate from Heart Disease and other diseases of the circulatory system	5.4
(5)	Deaths from Accidents and Violence	2
	Specific Death Rate from Accidents and Violence	0.2

Comment.

Certain of the specific “ index ” mortality rates are analysed, or broken down, in the following Table V. On the whole these “ inverse indices ” of the state of health of the community are satisfactory. All are on the low side except the rate for “ heart disease and other diseases of the circulatory system,” which constitutes half the total death rate of the district. Special attention is drawn to the “ Nil ” specific rates from Tuberculosis and from pregnancy, childbirth or abortion (Maternal Mortality). Both these statistics are very encouraging.

ANALYSIS OF DEATH BY CAUSE

The Registrar General provides for each district each year an analysis of deaths according to cause, broken down into thirty-six disease headings. These headings lend themselves to a considerable extent to “ grouping ” the causes of death together into “ families ” or types of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has therefore been taken of this opportunity to break down the Registrar General's annual table for this district into seven such groups, labelled “A” to “ G ” as set out in Table V.

TABLE V—ANALYSIS OF CAUSES OF DEATH

					<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000</i>
Group A—Certain Communicable Diseases								
1.	Tuberculosis—Respiratory	..	..	..	0	0	0	0
2.	Tuberculosis—Other	..	..	..	0	0	0	0
3.	Syphilitic Disease	..	..	..	0	0	0	0
4.	Diphtheria	..	..	..	0	0	0	0
5.	Whooping Cough	..	..	..	0	0	0	0
6.	Meningococcal Infections	..	..	..	0	0	0	0
7.	Poliomyelitis	..	..	..	0	0	0	0
8.	Measles	..	..	..	0	0	0	0
9.	Other infectious and Parasitic Diseases (Except Influenza and Pneumonia)	..	..	..	0	1	1	0.1
	Total Group A	..	..	..	0	1	1	0.1
					<u>0</u>	<u>1</u>	<u>1</u>	<u>0.1</u>

Group B—Cancer and related malignant Diseases						<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000</i>
10.	Malignant Neoplasm—Stomach	..	..	..	..	3	2	5	
11.	„ „ Lung or Bronchus	..	..	..	..	3	0	3	
12.	„ „ Breast	..	..	..	..	0	3	3	
13.	„ „ Uterus	..	..	..	..	0	0	0	
14.	Other Malignant or Lymphatic Neoplasm	..	..	..	..	5	6	11	
15.	Leukaemia or Aleukaemia	0	1	1	
Total Group B						11	12	23	2.1

Group C—Diabetes

16.	Diabetes	0	0	0	0
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Group D—Heart and other Diseases of Circulatory System

17.	Vascular Lesions of Nervous System	9	10	19	
18.	Coronary Disease or Angina	..	..	..	..	5	4	9	
19.	Hypertension with Heart Disease	..	..	..	..	0	3	3	
20.	Other Heart Diseases	..	..	..	..	9	12	21	
21.	Other Circulatory Diseases	..	..	..	..	3	6	9	
Total Group D						26	35	61	5.4

Group E—Respiratory Diseases (other than Tuberculosis)

22.	Influenza	..	..	..	..	3	1	4	
23.	Pneumonia	..	..	..	..	1	0	1	
24.	Bronchitis	..	..	..	..	1	2	3	
25.	Other Diseases of the Respiratory System	..	..	..	..	0	0	0	0
Total Group E						5	3	8	0.7

Group F—(Miscellaneous)

26.	Ulcer of Stomach and Duodenum	..	..	..	..	0	0	0	
27.	Gastritis, Enteritis and Diarrhoea	..	..	..	..	0	0	0	
28.	Nephritis and Nephrosis	..	..	..	..	1	0	1	
29.	Hyperplasia of prostate	..	..	..	..	2	0	2	
30.	Pregnancy, Childbirth, Abortion	..	..	..	..	0	0	0	
31.	Congenital Malformation	..	..	..	..	0	1	1	
32.	Other Defined and Ill-Defined Diseases	..	..	..	..	2	7	9	
Total Group F						5	8	13	1.2

Group G—Accidents and Violence

33. Motor Vehicle Accidents	1	0	1	
34. All other Accidents	0	0	0	
35. Suicide	0	0	0	
36. Homicide and operations of War	1	0	1	
	<hr/>	<hr/>	<hr/>	<hr/>
Total Group G	2	0	2	0.2
	<hr/>	<hr/>	<hr/>	<hr/>
37. All Causes	58	59	117	10.4
	<hr/>	<hr/>	<hr/>	<hr/>

COMMENT ON TABLE V

Diseases of the Heart and Circulatory system (rate 25.4 per 1,000) account for a little more than half of the total death rate of 10.4. Contrary to the usual experience, women contributed more to the Circulatory death rate than did men.

Cancer and related malignant conditions accounted for a little less than one quarter of the death rate. From the communicable diseases classed in Group A there was only one death, and there were no certified deaths from tuberculosis. There were only two deaths from accidents and violence. The “nil” death rate from Tuberculosis (all forms) is very comforting. (Even though people suffering and perhaps disabled from the disease, can be kept alive much longer than formerly, and also have more chance of cure), especially as only four new cases of lung tuberculosis, and none of other forms, were notified during the year.

COMMUNICABLE DISEASES

A. Prevention of Communicable Diseases

The measure of the extent to which people are immunised against communicable diseases in a District is becoming one of the “pointers” towards the health of the community. “Artificial” immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases. The longest established, and so far, most proven successful and lasting, artificial immunisations are those against smallpox and diphtheria. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this District a scheme, mainly for babies, pre-school and school children, but available also for other ages. Smallpox immunisations are done by the “Family Doctors” under the National Health Service, for the County Council, and Diphtheria immunisation either by the “Family Doctors” or by the County Council’s Medical Officers at Child Welfare Clinics or at specially held immunisation clinics, usually arranged at Schools. Whooping cough protection was, during 1954, available only through the Family Doctors, but it is understood that it will also be available through the County Council Clinics sometime during 1955. In this area, all the immunisations are carried out by Doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted.

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire, for the following figures concerning artificial immunisation work carried out during the year, against diphtheria and against smallpox, in the District.

TABLE VI—IMMUNISATION STATISTICS

DIPHTHERIA								
AGE GROUP	Under 1	1	2	3	4	5—9	10—14	Total under 15
Primary immunisations completed during the year	91	39	12	6	2	42	13	205
Reinforcement injections administered during the year	—	—	—	—	3	104	90	197
Total immunised child population at 31st Dec.	11	113	91	165	157	175* 764†	368* 524†	2368

* Immunised on or before 31.12.49 and not since. † Immunised after 31.12.49

SMALLPOX					
AGE GROUP	Under 1	1	2—4	5—14	15 or over
“ Vaccinations ” ..	109	10	3	1	4
“ Re-vaccinations ” ..	—	—	—	1	24

Comment

The precise number of children under 15 years old in the District is not known (except at census times). But in a population of average age-distribution and average birth and death rates, we may expect a child population, of age birth to 14 full years (under 15) of about one fifth, or 20% of the total “ all age ” population. Mere and Tisbury has a slightly higher birth rate and lower death rate than the national average, so one can safely assume that at least one fifth of the total estimated population of 11,240 are children under 15. On the basis of this estimate there would be at least 2,250 children under 15 in the District, and the total of 2,368 children under 15 immunised against diphtheria at some time is therefore excellent. But too few of these are immunised before their first birthday, indeed too few before school entry. Table VI shows that only 91 babies under 12 months and 39 aged 12—24 months were immunised during the year, while for the third year age group 2—5 years only 20 children were immunised. More “ health education ” for earlier immunisation against diphtheria is indicated, and the family doctors, health visitors, midwives, home nurses and the staff of the Maternity and Child Welfare Centres can all play their part in encouraging this. The advent and increasing popularity of whooping cough immunisation (combined with diphtheria protection), should also assist in this matter, since to be of maximum value the whooping cough protection should be started before four months old.

Table VI shows up also a poor position in regard to smallpox immunisation (“ Vaccination ”) for though 109 children under age 1 were vaccinated, the total “ vaccinations ” and “ re-vaccinations,” added together for all other ages, only amounted to 43. In these times, when the speed of air travel allows people infected with smallpox abroad to keep well on the journey but develop the disease after arrival in this country, instead of on a ship, the low level of protection against smallpox in this District is disturbing. It could be less so if the same requirements in regard to vaccination or re-vaccination against smallpox, before making the journey, as apply to entry into most countries, were put into force for entry into Great Britain.

Although a fair amount of immunisation against whooping cough is known to be done by the Family Doctors, outside the scope of the County Council schemes, usually combined with Diphtheria, and sometimes also tetanus, protection, statistics of this work are not at present available for the District.

B. Incidence of Communicable Diseases

The communicable diseases for which statistics are available comprises those diseases which are compulsorily "notifiable," under the Public Health Act, 1936 or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The incidence of notifiable communicable diseases in the District during the year is shown in Table VII.

Whooping cough, (115 cases), composed the bulk of the 129 notified cases. Among the 14 others, four were cases of respiratory tuberculosis and one of poliomyelitis (paralytic). No cases of food poisoning, nor of measles were notified in the district, the year being one of the alternate "free" years for measles in this part of England. The previous year there were 176 measles cases notified.

There were only 4 newly notified cases of Tuberculosis, all "respiratory," during the year, giving a notification rate of 0.35 per 1,000.

TABLE VII—"NOTIFIABLE DISEASES" NOTIFIED DURING THE YEAR

						<i>Sub</i>	<i>Total</i> (<i>main disease</i>)	<i>Group</i> <i>Total</i>
1. Tuberculosis—	(a) Respiratory					4		
	„ (b) Meninges and nervous system					0		
	„ (c) Other Forms					0		
	„ (d) Group Total						4	4
2. Other Respiratory Notifiable Diseases								
	(a) Whooping Cough						115	
	(b) Pneumonia Acute						2	
	(c) Group Total							117
3. Diphtheria						0	0	0
4. Meningococcal Infection						0	0	0
5. Virus Diseases of the Nervous System								
	(a) Poliomyelitis—Paralytic					1		
	(b) „ Non-Paralytic					0		
	(c) Total						1	
	(d) Encephalitis—Infective					0		
	(e) „ (Post Infectious)					0		
	(f) Total						0	
	(g) Group Total							1
6. Other Notifiable Virus Diseases								
	(a) Measles (excluding Rubella)						0	
	(b) Smallpox						0	
	(c) Group Total							0
7. Alimentary Infections or Poisons								
	(a) Dysentery—Bacterial					0		
	(b) „ —Other					0		
	(c) Total						0	
	(d) Typhoid Fever					0		
	(e) Paratyphoid Fever					0		
	(f) Food Poisoning					0		
	(g) Group Total							0

8. Streptococcal Group						
(a) Scarlet Fever	..	..	..	..	..	5
(b) Erysipelas	..	..	..	..	..	1
(c) Group Total	..	..	..	..	..	6
9. Miscellaneous Groups						
(a) Puerperal Pyrexia	..	..	..	..	..	0
(b) Ophthalmia Neonatorum	..	..	..	..	..	1
(c) Other Notifiable Diseases	..	..	..	..	..	0
(d) Group Total	..	..	..	..	..	1
10. All "Notifiable Diseases", Total	..	..	..	..	..	129

Footnote

It is important to note that certain common communicable diseases such as influenza and mumps are not generally "Notifiable" and therefore cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included, for some minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of whooping cough, for example, may occur and not be notified.

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other personal Health Services for the Rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Welfare Clinics and the School Health Service, with its specialised appendages such as Special Therapy and Child Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and after-Care" service, which is largely concerned with tuberculous people, their families and other contacts.

Until November, 1954 your Medical Officer of Health was not associated with these services, but with my appointment the Medical Officer of Health spends nearly half his time working for the County Council, principally with the School Health Service, also at Baby Clinics and at Immunisation Clinics. For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire.

Handicapped Children

The care, and special educational needs, of handicapped children also comes under the School Health Service.

School Premises

The hygiene of School Premises, as of most other buildings, concerns the Local Sanitary Authority as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer. A number of recommendations for improvements in school premises, fittings and sanitary arrangements, for improving hygienic conditions, were made during the year, special attention being paid to the dish and utensil washing facilities in the serveries for school meals.

ENVIRONMENTAL PUBLIC HEALTH AND FOOD

This is still probably the most important of the various factors which influence public health.

Human health is still greatly influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, water supply, safe (and preferably, not wasteful) disposal of body wastes (drainage, sewerage, etc.) refuse collection and disposal, control of flies, vermin and other insects, mice, rats and other pests, quantity, quality and freedom from adulteration or infection of food supplies, including especially milk, and such universal and basic foods as bread and meat. Food hygiene concerns not only the home, but also places where food or drink are prepared and/or consumed outside, including school and other canteens, and public restaurants, hotels and public houses.

These matters are reported upon in detail in the Report of your Sanitary Inspector, Major T. A. Brown, which is incorporated in this Annual Report. Brief comments on the following matters are however made in this section of the Report.

1. Housing

Within the limits of climate, geography and type of locality, (*e.g.* agricultural as opposed to industrial or metropolitan areas) probably no other single environmental influence is as important to mental and physical health as good housing. Bad housing, or lack of housing accommodation, overcrowding, living with "in-laws," adjacent to noisy neighbours, (radios, late "nights" etc.) over and over again seem to be at the back of people's worries, domestic or occupational, much of which could be alleviated with corresponding improvement to mind and body, if their housing problems could be solved for more people. The extent of the housing problem cannot be measured by the size of the Local Authority's waiting list of applicants for Council Houses or apartments (flats), though these are daunting enough. Many people are living in unsuitable accommodation who have not applied for Council Housing.

In his annual report, your Sanitary Inspector refers to the Housing Survey carried out in the Rural District completed in 1951, and which is still the most up-to-date survey available in this district, as the work is not being fully repeated, only reviewed, for the purposes of the Housing Repairs and Rents Act, 1954. In this large scale survey, however, out of the 2,643 houses with rateable value under £12 inspected, nearly half was considered to be, in their present condition, unfit for habitation in accordance with the standard current in Wiltshire.

At the end of 1954, there were 3,409 inhabited houses in the Rural District, so if one can use the 1951 survey result as a guide, disregarding new houses built since 1951 there would only be about 766 houses, not covered by the survey with rateable value of £12 or over per annum. And it would not be justifiable to assume that *all* houses of rateable value £12 or more are "fit" for habitation. Unless additional Sanitary Inspector Staff is available, it will not be possible to repeat the Rural Survey and bring it thoroughly up to date so that the "Estimate" under the Housing Repairs and Rents Act, 1954 required by August, 1955 can be prepared.

2. Water Supplies

Out of the 3,409 inhabited houses, 1987 had, at the end of the year, a piped supply to the house itself, another 46 having a supply to a "standpipe" nearby only. It seems unlikely that this position will change much until the Council's "Regional" Water Supply Scheme to cover the District is implemented. So far, only thirteen of the twenty six parishes have water supplied by the Rural District Council.

In his report, Major Brown outlines the progress of the Regional Water Supply Scheme, under which all twenty-six parishes will be served, on Parts 3 and 4 of which work is expected to begin in 1955.

As regards quality, the results of sampling and analyses of the public supplies were quite good, except in one parish, where the supply was only taken over during the year. Of the private supplies or sources sampled nearly half were unsatisfactory for drinking without boiling or other treatment.

3. Drainage and Sewerage

Among the five sewerage systems maintained by the Council, those at Hindon and Zeals were working well, those at Mere, Tisbury and East Knoyle were inadequate and unsatisfactory. The scheme for new sewerage works at Tisbury had been approved by the Minister of Housing and Local Government by the time of writing this report.

There is a "private" sewerage scheme at Maiden Bradley (for which negotiation for taking over by the Council, and improvement, are in progress), and small schemes serving a few houses at Berwick St. John and at the United Dairies Depot at Semley.

When the housing survey of 1951 was completed there were still 1,254 houses out of the 2,643 houses rated at under £12 per annum, which had only the unhygienic and inconvenient pail closet. These pail closets are usually outside the house, and used without any disinfecting, deodorising and fly-repelling chemical. The use of a suitable chemical, even in the primitive pail closet, can greatly improve its safety and odour, also reduce the fly nuisance, though, of course, it cannot compare with the convenience of an inside water closet placed in a bathroom, or, if in a separate compartment, with a washbasin in the same compartment. A good "chemical" can also greatly reduce the risk of pollution of wells, etc., when disposing of the contents of the pail closets.

4. Refuse Collection and Disposal

Improvements are indicated in the present arrangements, increasing the frequency of collection in those parts of the district at present served only once a month, and in disposal places.

5. Food Hygiene

Major Brown's report includes a reference to milk supplied. It should be noted however, that no organised system of regular milk sampling of milk dealers' milk for analyses (by methylene blue, phosphatase or biological tests, etc.) was in operation during 1954. The Council were, at the end of the year considering to what extent a co-ordinated milk sampling scheme for all County Districts in Wiltshire, suggested by the County Council, could be implemented. With only one Sanitary Inspector, who is also part time Surveyor, serving this District at present, relatively little time can be devoted to milk sampling. For a District of this size, more than one Sanitary Inspector is required to do the general work satisfactorily, not counting milk sampling. A special report on the subject of milk sampling has been submitted to the Council, in which, among other recommendations, the appointment of an additional Sanitary Inspector is advised.*

Major Brown's report also refers to the need for action, including by voluntary bodies, in regard to the campaign to further the cause of hygienic food handling, preparation and storage.

* NOTE: This appointment was subsequently approved.

F. J. G. LISHMAN,
21st July, 1955.

**MERE AND TISBURY RURAL DISTRICT COUNCIL
ANNUAL REPORT OF THE SANITARY INSPECTOR**

Showing Sanitary Circumstances of the Area for the Year Ending 31st December, 1954.

STAFF

T. A. BROWN, M.S.I.A., Sanitary Inspector

Miss M. A. RYAN, Shorthand Typist/Clerk (two-thirds time)
(one-third time for Waterworks Manager).

References Circulars—28/46; 13/47; 7/48; 2/50; 1/54; 28/54.

**MERE AND TISBURY RURAL DISTRICT COUNCIL
ANNUAL REPORT OF THE SANITARY INSPECTOR
FOR THE YEAR 1954**

Mr. Chairman and Gentlemen,

I have the honour to present my Annual Report of the work carried out by the Public Health Department of the Council for the year 1954.

T. A. BROWN,
Sanitary Inspector.

GENERAL INFORMATION

The Rural District, which is in the extreme South West corner of the County of Wiltshire, is bordered on the South by Dorset and on the West by Somerset, and is divided into twenty-six Parishes :—

Area : 71,319 acres
Population : 11,444
No. of inhabited houses : 3,409
Rateable Value : £52,605
Penny Rate Yields : £204

SANITARY INSPECTIONS OF THE AREA

Public Health Act, 1936 and General Sanitation

Number of Inspections re Water Supply	..	..	..	..	..	..	20
„ „ „ re Drainage	..	..	..	..	..	..	114
„ „ „ re Moveable Dwellings	..	..	..	..	..	..	12
„ „ „ under Factories Act	..	..	..	..	..	..	46
„ „ „ re Infectious Diseases	..	..	..	..	..	..	10
„ „ „ re Verminous or filthy premises	..	..	..	..	..	..	20
„ „ „ re Miscellaneous Complaints	..	..	..	..	..	..	81
„ „ „ to take Water Samples	..	..	..	..	..	..	12
„ „ „ re Aged and Infirm Persons	..	..	..	..	..	..	6

Housing

Number of Inspections and Visits under Housing Act, 1936	..	..	..	..	51
„ „ „ „ „ under Housing Act, 1949/1952	..	..	..	..	110

Meat and Food Inspection

Number of visits to Slaughterhouses approx.	..	..	..	..	..	31
„ „ „ to Shops and Premises	..	..	..	..	..	34
„ „ „ to Dairies ..	..	..	..	..	..	9
„ „ „ re Ice Cream	..	..	..	..	..	10
„ „ „ to Cafes ..	..	..	..	..	..	8
„ „ „ re Water Cress	..	..	..	..	..	5

HOUSING

With the exception of the impetus given to owners to reconstruct or improve dwellings with the aid of a Grant under the Housing Act, 1949, there has been no marked change in the housing situation for the year 1954.

As mentioned in earlier Reports the detailed Housing Survey of all cottages with a Rateable Value of £12 and under was completed in 1951.

In view of the fact that the Council do not think it is desirable to carry out another Survey, the existing one will have to form a basis for the Council's Housing Programme.

This Survey disclosed the information that of the 2,643 houses inspected practically one half fall within Categories 3, 4 and 5 and are thus considered, in their present condition, as unfit for habitation.

Of the remainder, by far the greater number fall within Category 2.

It will be observed from these figures that, when taking into consideration the area of the district, the work of bringing the houses up to a reasonable state of habitation will take some years to complete.

I am of opinion, however, that the demolition of houses scheduled under Category 5 can be dealt with in the five years, as recommended in the Ministry's Instructions.

IMPROVEMENT GRANTS

The easing of restrictions relative to the conditions of the Grant has given owners encouragement to bring their houses up to a satisfactory standard. So far 32 applications have been approved and it is expected that many more owners will take advantage of the Grant in 1955.

ANALYSES OF AMENITIES IN HOUSES

The following is a summary of the analyses of amenities compiled after the completion of the Survey in 1951 :—

Water Supply

Piped supply inside	..	..	..	..	..	..	..	1671
Piped supply outside	..	..	..	..	..	..	..	484
Spring supply	..	..	..	..	..	..	..	56
Well supply ..	..	..	..	..	..	..	..	218
Rainwater ..	..	..	..	..	..	..	..	28
No proper supply	..	..	..	..	..	..	..	54

Drainage

To sewer ..	..	..	..	..	..	..	..	598
To cesspool or septic tank	..	..	..	..	..	..	..	474
No proper drainage	..	..	..	..	..	..	..	996
No drainage	..	..	..	..	..	..	..	443

Sanitary Accommodation

Water Closets	897
Pail Closets	1254
Chemical Closets	312
Vault Closets	48

Dampness

Evidence of dampness	1252
Reasonably free from dampness	1259

Food Storage

Satisfactory food store	1043
Safes	38
Unsatisfactory food store	407
No food store	1023

Cooking Facilities

Coal range	1546
Electric Cooker	392
Gas Cooker	352
Oil Stove	209
No proper cooking facilities	12

Washing Facilities

Satisfactory washing facilities	1517
Unsatisfactory washing facilities	628
No washing facilities	366

Kitchen Sinks

Satisfactory kitchen sink	1696
Unsatisfactory kitchen sink	44
No kitchen sink	771

HOUSING STATISTICS FOR 1954**1. Number of New Houses and Flats erected during the year ending 1954**

(a) By Local Authority	46
(b) Private Enterprise	20

2. Inspection of Dwellings during the year

(i) Inspected for housing defects under P.H. Acts	30
(ii) Inspected for housing defects under Housing Acts	24
Total (i) and (ii)	54
(iii) Number of dwellings found not to be in all respects reasonably fit for habitation	28
(iv) Number of dwellings found so dangerous or injurious to health as to be unfit for habitation	3

3. Remedy of defects by Informal Action

Number of dwellings rendered fit in consequence of Informal Action	24
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4. Action under Statutory Powers (Public Health and Housing Acts)**A. Proceedings under Section 9, 10 and 16 of Housing Acts, 1936**

(i) Number of dwellings in respect of which notices were served requiring defects to be remedied	nil
(ii) Number of dwellings rendered fit after service of formal notices :—	
(a) By Owners	nil
(b) By Local Authority in default of owners	nil

B. Proceedings under Public Health Acts

(i) Number of dwellings in respect of which formal notices were served	..	..	..	..	..	..	nil
(ii) Number of dwellings rendered fit after service of formal notices :—							
(a) By Owners	..	..	..	..	..	..	nil
(b) By Local Authority in default of owners	..	..	..	..	..	..	nil

C. Proceedings under Section 11 and 13 Housing Act, 1936

(i) Number of Demolition Orders made	..	..	..	..	..	..	nil
(ii) Number of Houses demolished as result of Demolition Orders (outstanding 1953)							2
(iii) Number of undertakings accepted	..	..	..	..	..	..	nil
(iv) Number of undertakings completed	..	..	..	..	..	..	nil

D. Proceedings under Section 25 and 26 Housing Act, 1936

(i) Number of houses under which Demolition Orders were made	..	..	..	..	..	..	nil
(ii) Number of houses demolished in pursuance of Demolition Orders	..	..	..	..	..	..	nil

E. Closing Orders—Proceedings under Section 12 Housing Act, 1936, and Section 10, L.G. (Miscellaneous Provisions) Act, 1953

(i) Number of separate tenements or underground rooms in respect of which closing orders were made	..	..	..	..	..	..	nil
(ii) Number of separate tenements or underground rooms in respect of which closing orders were cancelled as result of premises having been made fit	..	..	..	..	..	..	nil
(iii) Number of whole houses for which closing orders were made (1953 Act)	..	..	..	..	..	..	nil
(iv) Number of whole houses for which closing orders were cancelled	..	..	..	..	..	..	nil

5. Housing Act, 1936. Part iv. Overcrowding

(i) Number of cases of overcrowded dwellings at end of year	..	..	..	..	..	..	1
(ii) Number of cases discovered during year	..	..	..	..	..	..	1
(iii) Number of cases abated during year	..	..	..	..	..	..	nil

6. Improvements—Housing Act, 1949, Section 20

(i) Number of houses for which application for grant was received during year	..	..	..	..	..	..	34
(ii) Number of houses for which grants were approved during year	..	..	..	..	..	..	32
(iii) Number of houses for which applications were refused during year	..	..	..	..	..	..	nil
(iv) Number of houses for which applications are still under consideration at end of year	..	..	..	..	..	..	4
(v) Number of houses for which applications for grants were withdrawn	..	..	..	..	..	..	2

NUISANCES**Public Health Acts**

Number of Statutory Notices served during the year	..	..	..	..	..	..	nil
Number of Informal Notices served during the year	..	..	..	..	..	..	16
Number of Informal Notices complied with	..	..	..	..	..	..	16

RODENT CONTROL

Rats and Mice (Prevention of damage by Pests Act, 1949)

No Rodent Officer has been appointed by the Council. Minor complaints of infestation have been dealt with by the Sanitary Inspector.

Contracts for dealing with the Council's Refuse Tips have been arranged with the County Pests Destruction Officer.

Number of Properties inspected by the Local Authority during 1954 :—

			<i>Local Authority</i>	<i>Domestic</i>	<i>General Business</i>	<i>Farm</i>
No. of Properties Surveyed	..	..	9	16	4	3
Treatments Carried Out	..	..	9	14	3	3

WATER SUPPLY

Parts 3 and 4 of the Comprehensive Scheme have been awarded a starting date and the work in connection with the same is expected to commence in May, 1955. Part 5 is to follow in 1956-7. When completed the Scheme will supply the whole of the twenty-six Parishes.

The new Pumping Station, for the whole Scheme, situated at Mere, has been completed. It is hoped to put it into operation early in 1955.

The following data dealing with Bacteriological samples is submitted in accordance with Circular 13/47 Ministry of Health.

Most of the piped water in the district is of excellent quality. The quality of water from the numerous shallow wells varies considerably.

The water supplied by the Council is alkaline and has no plumbo-solvent properties.

Chlorination is carried out to all public services except at Teffont, East Knoyle and Berwick St. John. These supplies are chlorinated when occasion demands.

Number of houses supplied from Public sources in villages :—

PARISH	DIRECT		BY STANDPIPE	
	No. of Houses	Population (approx.)	No. of Houses	Population
Mere	614	2090	—	—
Zeals	111	310	—	—
West Knoyle	36	117	—	—
Sedgehill	23	120	—	—
Hindon	123	430	—	20
Chilmark	71	250	5	12
Tisbury	433	1482	—	—
Teffont	49	143	41	92
Swallowcliffe	21	80	—	—
Donheads	313	857	—	—
Sutton Mandeville	8	21	—	—
Berwick St. John	90	270	—	—
East Knoyle	95	285	—	—
	<hr/>	<hr/>	<hr/>	<hr/>
	1987	6455	46	124
	<hr/>	<hr/>	<hr/>	<hr/>

ANALYSIS OF WATER SUPPLIES (BACTERIOLOGICAL)

(a) Public Supplies

Parish	No. of samples taken	No satisfactory	Remarks
Mere	4	4	—
Tisbury	4	4	—
Donhead	4	4	—
Berwick St. John	4	1	This supply was taken over by the Council during the year. The final sample was satisfactory.
East Knoyle	4	3	This supply was taken over by the Council during the year. The final sample shows a considerable pollution with non-faecal coli.

(b) Private Sources

Number of samples taken during year	12
Number satisfactory	7
Number unsatisfactory	5

Necessary action was taken to have the unsatisfactory supplies chlorinated, or wells cleaned out, where necessary.

Source of Existing Water Supplies

Undertakings of the Council supply water to the following Parishes :

<i>Parishes</i>	<i>Source</i>
Hindon	Tisbury
Tisbury	
Chilmark	
Swallowcliffe (part)	
Ansty (part)	
Teffont	Teffont
Donhead St. Mary	Lower Coombe
Donhead St. Andrew (part)	Donhead St. Mary
East Knoyle (part)	East Knoyle
Zeals	Mere
West Knoyle	
Mere	
Sedgehill	
Berwick St. John	Berwick St. John

Private Supplies

<i>Parish</i>	<i>Piped Supplies</i>
Maiden Bradley	Private Estate Supplies
Kilminster	
Stourton	
Chicklade	
Berwick St. Leonard	
Fonthill Bishop	
Fonthill Gifford	
West Tisbury	
East Knoyle (part)	Private Supply
Semley	Private Water Scheme

The parishes of Alvediston, Sutton Mandeville and Tollard Royal are, at the moment, supplied mainly from wells.

Population with piped supplies	..	..	..	..	..	..	..	7733
Population with stand-pipe supplies	..	..	..	..	..	..	..	140

ANALYSIS OF WATER SUPPLIES—CHEMICAL

Two samples were taken for Chemical Analysis and both proved to be satisfactory.

RIVERS AND STREAMS

Tisbury and Donhead Areas

With the exception of the area lying South of the Donhead Downs, practically the whole of the watershed finds its way into the Nadder at some point in its course within the boundaries of the district. This River rises at Donhead, flows through Tisbury, to join the Wiltshire Avon at Salisbury.

Mere Area

The only River of importance is the Shreen Water which joins the Stour at Gillingham and thence to Christchurch.

DRAINAGE AND SEWERAGE

Five Sewerage Systems are maintained by the Local Authority

Mere

There has been no change in the condition of the Sewage Works at Mere.

The volume of liquid discharged to these Works is so great that the sewage flows, practically unfiltered, to the River.

Number of connections made to the Sewer : 10.

Tisbury

Approval has been sanctioned for the re-construction of these Works and a start is contemplated some time in 1955.

Number of connections made to the Sewer : 4.

Hindon

The new Sewage Works and additional sewers were completed early in 1954 and, except for a few minor defects, are functioning efficiently.

These Sewage Disposal Works are of the usual Tank and Filter design, simple in operation and consist of detritus and sedimentation tanks, percolating filters, humus tanks and sludge drying beds.

Number of connections made to the Sewer : 8.

Zeals

The Works are in operation and functioning efficiently.

Number of connections made to the Sewer : 5.

East Knoyle

The Works which serve a small portion of the village are antiquated and reconstruction is long overdue.

Private Schemes

Maiden Bradley—Negotiations for the taking over of these Works have not yet been completed, but some progress has been made with the preliminary survey and plans, with specifications, have been forwarded to the Ministry for approval.

There are small private schemes serving a number of houses at Berwick St. John and the United Dairies' Depot, Semley.

The remaining villages rely mainly on Pail Closets and Septic Tanks for individual houses.

24 Septic Tanks were installed during 1954.

Provision for emptying tanks is carried out by contract with a private firm.

PUBLIC CLEANSING

Household and Trade Refuse

The organised system of the collection and disposal of Refuse continues in force. Refuse is collected bi-weekly at Mere and Tisbury and monthly in the remaining villages.

No charge is made for the collection of trade refuse.

The refuse is deposited on the Council's Refuse Tips at Semley and Donhead. There is an urgent need for a new Tip in the Mere area. As far as possible the refuse is covered over with building material and ashes, when available.

Number of Loads collected	..	..	..	..	..	..	..	665
Approximate tonnage	..	..	..	..	..	..	..	1750 tons

INSPECTION AND SUPERVISION OF FOOD

1. Meat Inspection

Towards the end of the year two Private Slaughterhouses were licensed for the period ending July, 1959.

The remaining Butchers obtain their supplies from the Centralised Slaughterhouse at Salisbury, where meat is inspected before entering the District.

As a further safeguard meat in Butchers' shops is also regularly inspected.

The following were condemned and voluntarily surrendered :—

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
All Diseases except Tuberculosis—					
Whole carcasses condemned ..	nil	nil	nil	1	1
Carcases of which some part or organ was condemned	37	nil	nil	nil	nil
Tuberculosis Only—					
Whole carcasses condemned ..	nil	nil	nil	nil	nil
Carcases of which some part or organ was condemned	nil	nil	nil	nil	nil
Total Weight :					
Meat				236 lbs.	
Pork				161 lbs.	
Mutton and Lamb				50 lbs.	

2. Milk Supply

Supplies of milk have been satisfactory throughout the year both in quality and quantity.

Premises Registered

Producer Retailers	23
Dairies (not being Dairy Farms)	1
Distributors	3

Licences Renewed

Dealers Licence to use Special Designation " Tuberculin Tested "	2
Supplementary Licence to retail " Tuberculin Tested "	2
Supplementary Licence to retail " Pasteurised "	2

3. Food Preparing Premises

Systematic inspections were carried out and conditions were found to be satisfactory.

4. Ice Cream

All the premises in this area sell the ice cream by retail. This commodity is supplied direct from Wholesale Manufacturers in wrappers or cartons, stored in refrigerators by the retailers.

Premises registered for the Sale of Ice Cream 21

There were no cases of illness arising from the consumption of this food.

5. Sausages and Prepared Food

Number of Premises registered under Section 14 of the Food and Drugs Act, 1938.

Premises registered for the Sale or Manufacture of Sausages and Prepared Food 23

6. Food Condemned

The undermentioned foodstuffs were condemned as unfit for human consumption :—

Tinned Meat	..	..	..	..	..	..	..	..	..	15	tins
„ Fruit	..	..	..	..	..	..	..	..	..	38	„
„ Milk	..	..	..	..	..	..	..	..	..	8	„
„ Vegetables	..	..	..	..	..	..	..	..	..	19	„
Sugar	..	..	..	..	..	..	..	..	..	16	lbs.

7. **Sampling under the Food and Drugs Act** is carried out under the direction of the Weights and Measures Department, Wiltshire County Council.

8. “Food Poisoning ”

No cases of Food poisoning were reported during the year.

9. Clean Food Campaign

With the exception of periodical inspections and verbal advice given by the Sanitary Inspector, little or no action has been taken by voluntary bodies, or individuals, with regard to furthering the cause of hygienic handling, preparation and storage of food.

The new Codes of Food Practice, when applied, may in time have the desired effect.

Slaughter of Animals Act, 1933

Number of renewals of Licences issued to Slaughtermen under the 1933 Act 16

Smoke Abatement

The usual observations were kept on the few factory chimneys. No nuisances were recorded.

FACTORIES

<i>Premises</i>	<i>Number on Register</i>	<i>No. of Inspections</i>	<i>Number of written Notices</i>	<i>Number of Occupiers prosecuted</i>
Factories in which Sections 1, 2, 3, 4, 6 and 7 are enforced by Local Authorities (Factories without Mechanical Power)	7	10	2	nil
Factories not included in (i) in which only Section 7 is enforced by the Local Authority (Factories with Mechanical Power)	34	36	nil	nil
Other Premises in which Section 7 is enforced by the Local Authority (excluding out workers' premises) ..	nil	nil	nil	nil
Total	41	46	2	nil

DEFECTS

				<i>Number of cases in which defects were found</i>		<i>Referred by H.M. Inspector</i>	<i>Cases in which prosecutions were instituted</i>
				<i>Found</i>	<i>Remedied</i>		
Want of cleanliness				2	2	nil	nil
Total				2	2	nil	nil

OUTWORKERS

Section 110, Factories Act, 1937

<i>Nature of Work</i>	<i>No. of outworkers in August list required by Section 110 (1) (c) (3)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>
Wearing apparel : Making, etc., Cleaning and Washing ..	61	nil	nil
Total	61	nil	nil

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

There are no premises requiring Licensing or Registering under the above Act.

T. A. BROWN,
Sanitary Inspector.

